



# DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Atty. Docket No. UOM 0289 PUSP  
First Named Inventor Khalil Najafi, et al.

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## MICROMACHINED CAPACITIVE LATERAL ACCELEROMETER DEVICE AND MONOLITHIC, THREE-AXIS ACCELEROMETER HAVING SAME

the specification of which:

- ☐ is attached hereto; or  
☒ was filed on (MM/DD/YYYY) 01/16/2004 as U.S. Application Number or PCT International Application Number 10/760,025, and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable). (I hereby authorize my attorney to insert the application filing date and number when they become known.)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

<i>Prior Foreign Application Number(s)</i>	<i>Country</i>	<i>Foreign Priority Date (MM/DD/YYYY)</i>	<i>Priority Not Claimed</i>	<i>Certified Copy Attached? (Yes/No)</i>

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

<i>Application Number(s)</i>	<i>Filing Date (MM/DD/YYYY)</i>
60/440,567	01/16/2003

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<i>Application Number(s)</i>	<i>Filing Date (MM/DD/YYYY)</i>	<i>Status: Patented, Pending, Abandoned</i>

**Declaration for Patent Application (cont'd.)** Atty. Docket No. UOM 0289 PUSP

I hereby appoint the practitioners associated with Customer Number 22045 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number. Telephone calls should be directed to (248) 358-4400.

**CUSTOMER NO.**

**22045**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

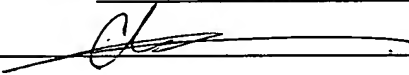
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Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

*Full Name of Fourth Joint Inventor* \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_